

**AUG 1 2001**

K011495

## **510(k) Summary**

**510(k) Number:**

**Contact Person:** Ann Waterhouse, Regulatory Affairs Specialist

**Date Prepared:** April 5, 2000

**Trade/Proprietary Name:** Bio-Post and Washer

**Product Code:** MAI

**Classification Name:** Fastener, Fixation, Biodegradable, Soft Tissue

**Predicate Devices:** Synthes(USA), Synthes Bioresorbable Suture Anchor, Bionx Implants, LTD., Smartwedge ACL, Bionx Implants, LTD., Smart Screw ACL, Bionx Implants, LTD., Biocuff.

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of 21 CFR 807.92.

### **Intended Use:**

The Bio-Post and Washer is intended as an anchor device for suture or to secure soft tissue directly to bone.

### **Description:**

Arthrex, Inc. Bio-Post and Washer is intended for suture fixation or securing soft tissue to bone. The Bio-Post and Washer is composed of poly(L-lactide) acid, PLLA which is biodegradable and biocompatible. It is 35 mm in length and 6.5 mm wide at the head of the Bio-Post. The addition of the washer increases the diameter to 16.5 mm.

### **Substantial Equivalence:**

The Arthrex, Inc. Bio-Post and Washer is substantially equivalent to predicate devices where the basic features and intended uses are the same. Minor differences between the Arthrex Bio-Post and Washer and predicate devices do not raise any questions concerning safety and effectiveness and have no apparent effect on the performance, function, or intended use of this device.



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

AUG 1 2001

Ms. Ann Waterhouse  
Regulatory Affairs Specialist  
Arthrex, Inc.  
2885 South Horseshoe Drive  
Naples, Florida 34104

Re: K011495  
Trade Name: Arthrex Bio-Post and Washer  
Regulation Number: 888.3040, 888.3030  
Regulatory Class: II  
Product Code: MAI, HWC, JDR and MNU  
Dated: April 04, 2001  
Received: May 15, 2001

Dear Ms. Waterhouse:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address "<http://www.fda.gov/cdrh/dsma/dsmamain.html>".

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Celia M. Witten', is positioned above the printed name.

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and  
Neurological Devices

Office of Devices Evaluation

Center for Devices and  
Radiological Devices

Enclosure

510(k) Number (if known): K011495

Device Name: **Arthrex Bio-Post and Washer**

Indications for Use:

The Arthrex Bio-Post and Washer is intended as an anchor device for suture or to secure soft tissue directly to bone. Specifically;

**Shoulder:** Rotator Cuff Repairs, Bankart Repair, SLAP Lesion Repair, Biceps Tenodesis, Acromio-Clavicular Separation Repair, Deltoid Repair, Capsular Shift or Capsulolabral Reconstruction

**Foot/Ankle:** Lateral Stabilization, Medial Stabilization, Achilles Tendon Repair, Hallux Valgus Reconstruction, Midfoot Reconstruction, Metatarsal Ligament Repair


**Knee:** Anterior Cruciate Ligament Repair, Medial Collateral Ligament Repair, Lateral Collateral Ligament Repair, Patellar Tendon Repair, Posterior Oblique Ligament Repair, and Iliotibial Band Tenodesis

**Hand/Wrist:** Scapholunate Ligament Reconstruction, Ulnar Collateral Ligament Reconstruction, Radial Collateral Ligament Reconstruction

**Elbow:** Biceps Tendon Reattachment, Tennis Elbow Repair, Ulnar or Radial Collateral Ligament Reconstruction

(PLEASE DO NOT WRITE BELOW THIS LINE—CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

  
(Division Sign-Off)  
Division of General, Restorative  
and Neurological Devices

(Option Format 3-10-98)

510(k) Number K011495